

DO/EO BIBLIOGRAPHIC DATA ENTRY

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| SERIAL NUMBER: | 09 / 857914 | RECEIPT DATE: | 06 / 11 / 01 |
| IA NUMBER: | PCT/ EP00 / 10280 | IA FILING DATE: | 10 / 13 / 00 |
| FAMILY NAME: | VLOT | DELAY WAIVED (Y/N): | N |
| GIVEN NAME: | MARNIX CLAUDIUS | DEMAND RECEIVED (Y/N): | N |
| PRIORITY CLAIMED (Y/N): | Y | PRIORITY DATE: | 10 / 14 / 99 |
| NO BASIC FEE (Y/N): | N | US DESIGNATED ONLY (Y/N): | N |
| ATTORNEY DOCKET NUMBER: | NL 000561 | COUNTRY: | |
| CORRESPONDENCE NAME/ADDRESS: | CUSTOMER NUMBER: | 000000 | TELEPHONE 0000000000 |
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APPLICATION TITLES:

METHOD FOR ASSIGNING PROGRAM LOCATIONS IN A RECEIVER

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 1219

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|--|---|--|---|---|--------------------------------|
| SERIAL NUMBER 09/857,914 | FILING DATE 06/11/2001 RULE | CLASS 455 | GROUP ART UNIT 2681 | ATTORNEY DOCKET NO. NL 000561 | |
| APPLICANTS Marnix Claudius Vlot, Eindhoven, NETHERLANDS; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/EP00/10280 10/13/2000 ** FOREIGN APPLICATIONS ***** EUROPEAN PATENT OFFICE (EPO) 99203347.2 10/14/1999 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY NETHERLANDS | SHEETS DRAWING 3 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 2 |
| ADDRESS Corporate Patent Counsel Philips Electronics North America Corporation 580 White Plains Road Tarrytown, NY 10501 | | | | | |
| TITLE Method for assigning program locations in a receiver | | | | | |
| FILING FEE RECEIVED 1130 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |